

# SCHEDULE A (FEC Form 3)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 390 OF 459

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Menendez for Senate**

Full Name (Last, First, Middle Initial)

**Murray Kushner**

Mailing Address 520 US Hwy 22

City State Zip Code  
Bridgewater NJ 08807

FEC ID number of contributing  
federal political committee. **C**

Name of Employer Occupation  
KRE Property Management Company, LLC Partner

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify) Election Cycle-to-Date  
4800.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 07 / 2012

Transaction ID : C8905075

Amount of Each Receipt this Period  
200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**Essex Plaza Health Care Associates, LLC**

Mailing Address 1060 Broad Street

City State Zip Code  
Newark NJ 07102

FEC ID number of contributing  
federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) Election Cycle-to-Date  
1800.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 31 / 2012

Transaction ID : C8937418

Amount of Each Receipt this Period  
900.00

[MEMO ITEM]

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

**Sydney Engel**

Mailing Address 1060 Broad Street

City State Zip Code  
Newark NJ 07102

FEC ID number of contributing  
federal political committee. **C**

Name of Employer Occupation  
Essex Plaza Health Care Associates, LL Partner

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify) Election Cycle-to-Date  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 31 / 2012

Transaction ID : C8937419

Amount of Each Receipt this Period  
200.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

12020462203